

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90077 041 ****61.25

DOCUMENT # N98000006230

1. Corporation Name

THE RINKER COMPANIES FOUNDATION, INC.

Principal Place of Business

1501 BELVEDERE ROAD
WEST PALM BEACH FL 33406

Mailing Address

1501 BELVEDERE ROAD
WEST PALM BEACH FL 33406

467228 - 90077 - 41 8



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/02/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-6139266	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		29	30		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
LAPLACA, FRANK 1501 BELVEDERE ROAD WEST PALM BEACH FL 33406				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKE, DAVID V	1.2 NAME	
STREET ADDRESS	1501 BELVEDERE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, WILLIAM L	2.2 NAME	
STREET ADDRESS	1501 BELVEDERE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRY, JOHN H	3.2 NAME	
STREET ADDRESS	1501 BELVEDERE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAPLACA, FRANK	4.2 NAME	
STREET ADDRESS	1501 BELVEDERE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, KARL H	5.2 NAME	
STREET ADDRESS	1501 BELVEDERE ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRIVER, ADRIAN	6.2 NAME	
STREET ADDRESS	1501 BELVEDERE ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address with a power like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4-28-99 1561 820-8314

CR2E037 (11/98)